



STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
OFFICE OF CIVIL RIGHTS
869 Punchbowl Street, Room 112
Honolulu, Hawaii 96813
Telephone: 808 587-2023
Fax: 808 587-2025
TTY: 808 587-2210



Instructions for Completing the Change Affidavit and Personal Financial Statement

The **Change Affidavit** and **Personal Financial Statement** are necessary to determine the firm's continued program eligibility. If a DBE firm fails to provide this information in a timely manner, it will be deemed to have failed to cooperate with the requirements of 49 CFR §26.109(c).

1. The **Change Affidavit** must be completed and submitted annually (first two years) except in the 3rd year, which the firm is due for re-certification to the Hawaii Department of Transportation Office of Civil Rights within 30 days of firm's anniversary date, or whenever there are changes to the firm in the following areas:
 - a. Ownership or control of the firm,
 - b. Firm's addresses, email and/or telephone contact numbers,
 - c. Personal net worth of the individual owners (exceed \$750,000)
 - d. Business size that would cause the firm's to exceed the maximum size standards.
2. Complete and sign the Change Affidavit in presence of a Notary Public.
3. Include the first page of the firm's most recent completed U.S. Income Tax Returns, or Schedule C of the owner's U.S. Individual Tax Returns.
4. The individual owner(s) must complete a **Personal Financial Statement** (Form SBA 413).
5. Return the completed Personal Financial Statement, notarized Change Affidavit, the first page of your firm's most recent U.S. Corporate Tax Return or Schedule C to:

State of Hawaii
DEPARTMENT OF TRANSPORTATION
OFFICE OF CIVIL RIGHTS/DBE
869 Punchbowl Street, Room 112
Honolulu, Hawaii 96813



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DISADVANTAGED BUSINESS ENTERPRISE (DBE) CHANGE AFFIDAVIT

Name of firm		dba
Address:		Mailing address (if different)
()	()	
Telephone No.	FAX No.	E-mail: / web address
Nature of Business		

Please check one:

<input type="checkbox"/>	There are no changes in the firm's disadvantaged status, ownership, control and/or management or any material changes in the information provided previously in the application form.
<input type="checkbox"/>	There are changes in the firm's disadvantaged status, ownership, control and/or management or any material changes in the information provided previously in the application form. (Please submit a letter on the firm's letterhead and describe any changes in disadvantaged status, personal net worth, ownership, control and/or management of the firm, along with supporting documents.)

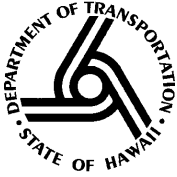
I authorize the Hawaii Department of Transportation to make inquiries as necessary to verify the accuracy of the statements made and to determine my continued eligibility as a DBE. I certify that each disadvantaged owner is socially and economically disadvantaged. Attached is the first page of the firm's U.S. Corporate or Partnership or Schedule C that substantiates the firm's business size and gross receipts.

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and establish the applicant's continued eligibility to participate in the DBE program. Further, the undersigned agrees to permit an onsite review of the company's operation as well as the audit and examination of books, records and files of the named firm. **Any material misrepresentation will be grounds for terminating the firm's eligibility as well as any contract that may be awarded and for initiating action under Federal and/or State laws concerning false statements.**

Name / Title	Signature	Date
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Notary Public

County of	State of	{Seal}
The foregoing affidavit was subscribed and sworn to me before me on this day of , 20 by		
_____ (name)		
Notary Public		
Commission expires		



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Instructions for Completing the Personal Financial Statement

Effective July 16, 2003, changes to the Disadvantaged Business Enterprise (DBE) regulations mandate the use of the Small Business Administration's (SBA) Personal Financial Statement (SBA Form 413)

DBE Program regulations, 49 CFR, Part 26.67 (2) (i) address the Personal Net Worth (PNW) requirements as follows:

- (2) (i) You must require each individual owner of a firm applying to participate as a DBE whose ownership and control are relied upon for DBE certification to submit a signed, notarized statement of Personal Net Worth, with appropriate supporting documentation.

Therefore, for purpose of the DBE Program, PNW forms are to be provided for the socially and economically disadvantaged owners of the business. Non-disadvantaged owners are not required to provide a PNW form.

If an individual is married, please note the following:

All assets and liabilities should be halved accordingly on the form if jointly held. If assets and liabilities are separately owned, these items should only be reported on the respective owner's form.

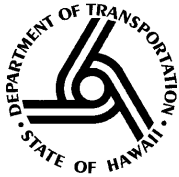
EXAMPLES:

John and Mary Smith jointly own their primary residence valued at \$200,000. They each claim 50% ownership on the property. John would only report his 50% interest, \$100,000, on his Personal Financial Statement.

Mary Smith has a vacation home in another state valued at \$200,000. She owns the vacation home in its entirety. John would not report this on his Personal Financial Statement.

Individuals who are married and who collectively own 51% or more of the firm, must submit separate Personal Financial Statements and Affidavits of Personal Net Worth. For example, if a married couple owns 50% each of the business, both individuals are required to submit Personal Financial Statements and Affidavits of Personal Net Worth. However, if one spouse individually owns 51% of the firm, then only that individual will be required to submit these documents.

If necessary, use additional sheet(s) of paper to report all information and details.



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ASSETS

Cash on hand & in banks:

Enter the amount of cash on-hand in you checking accounts.

Savings Account:

Enter the total cash in all savings accounts.

IRA or other Retirement Accounts:

Enter the total present value of all IRAs and other retirement accounts, including any Deferred Compensation and Pension Plans, less any tax and/or interest penalties that would accrue if the assets were distributed at the present time. You may be requested by HDOT to provide copies of most recent statements to substantiate the amount listed.

Accounts & Notes Payable

Enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm.

Life Insurance:

Enter the cash surrender value of any life insurance policies. A complete description is required in Section 8.

Stocks and Bonds:

Enter the current market value of your stocks/bonds. A complete listing and description is required in Section 3.

Real Estate:

Enter the current fair market value of all real estate owned. A complete listing and description of all real estate owned is required in Section 4.

Automobile:

Enter the current fair market value of all automobiles owned.

Other Personal Property:

Enter the current fair market value of all other personal property owned, but not included in the previous sections (i.e. furniture, jewelry, etc.). A complete description of these assets is required in Section 5.

Other Assets:

Enter the current fair market value of all other assets owned, but not included in the previous sections. Indicate the value of any other businesses owned by applicant, on this line. A complete description of these assets is required in Section 5.



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LIABILITIES

Accounts Payable:

Enter the total value of all unpaid accounts payable that is your responsibility (i.e. gas, electric, telephone bills, etc.).

Notes Payable to Bank and Others:

Enter the total amount due on all notes payable to banks and others paid on an installment basis. Please be sure to indicate the total monthly payment in the space provided. This should include the amount of any loans from the applicant firm. This should not, however, include any mortgage balances. A complete description of all installment accounts is required in Section 2.

Loans on Life Insurance:

Enter the total value of all loans due on Life Insurance Policies. A complete description is required in Section 8.

Mortgages on Real Estate:

Enter the total balance on all mortgage(s) payable on real estate. A complete breakdown of all mortgage(s) on real estate is required in Section 4.

Unpaid Taxes:

Enter the total amount of all taxes that are currently due, but are unpaid. Contingent tax liabilities or anticipated taxes for current year should not be included. A complete description is required in Section 6.

Other Liabilities:

Enter the total value due on all other liabilities not classified in the previous section. A complete description is required in Section 7.

SECTION 1. SOURCE OF INCOME

Salary:

Enter the amount of your total annual salary. This include any salary from the applicant firm and if applicable, any salary from outside employment.

Net Investment Income:

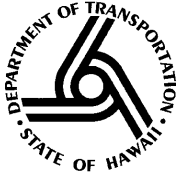
Enter the total amount of all investment income (i.e. dividends, interest, etc.)

Real Estate Income:

Enter the total amount of all real estate income received from the sale, rental, lease, etc. of real estate held.

Other Income:

Enter the total amount of all other income received (i.e. alimony, Social Security, Pension, etc.) Please be sure to describe the source of the other income in the space provided below in this section.



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CONTINGENT LIABILITIES

As Endorser or Co-Maker:

Enter the total potential liabilities due as a result of being a co-signer for a loan or other commitments.

Legal Claims and Judgments:

Enter the potential liabilities due as a result of legal claims from judgments, lawsuits, etc.

Provisions for Federal Income Tax:

Enter the total amount of all Federal taxes for which you are potentially liable due to an anticipated gain on the pending sale of an asset or other circumstances, such as pending disputes or litigation which could possibly result in a personal tax liability.

Other Special Debt:

Enter the total amount due on all remaining potential debts not accounted for.

SECTION 2. NOTES PAYABLE TO BANKS AND OTHERS

Enter the name and address of note holder(s), original balance, current balance, payment amount, frequency, and how secured for each note payable as entered in the “**Liabilities**” column.

SECTION 3. STOCKS AND BONDS

Enter the number of shares, names of securities, cost, fair market value, and the date of fair market value for all shares of stock and bonds held.

SECTION 4. REAL ESTATE OWNED

Starting with your primary residence, enter the type of property, address, date of purchase, original cost, present fair market value, name and address of mortgage holder, mortgage account number, mortgage balance, amount of payment, and status of mortgage for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, commercial properties, etc.,

These values should correspond with the “Real Estate” amount listed in the “**ASSETS**” column. Additionally, these values should correspond with the “Mortgages on Real Estate” amount listed in the “**LIABILITIES**” column.

SECTION 5. OTHER PERSONAL PROPERTY/OTHER ASSETS

Describe the “Other Personal Property” and “Other Assets” owned as listed in the “**ASSETS**” column.



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SECTION 6. UNPAID TAXES

Describe in detail, as to the type, to whom payable, when due, amount, and to what property, if any, the tax lien attaches. Please refer to the unpaid taxes listed in the "LIABILITIES" column. If none, state NONE. This section should not include the contingent tax liabilities or anticipated taxes owned for the current year.

SECTION 7. OTHER LIABILITIES

Describe in detail any other liabilities as referenced by the value listed in the "LIABILITIES" column. If none, state NONE.

SECTION 8. LIFE INSURANCES HELD

Describe all life insurance policies held. Please be sure to include the face amount of the policies, name of insurance company and beneficiaries and cash surrender values of the policies.

If your Adjusted Net Worth exceeds the \$750,000 cap and you, individually, or you and other individuals are the majority owner(s) exceeds the \$750,000 cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact your certifying agency in writing to advise the firm no longer qualifies



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others	\$
IRA or Other Retirement Account	\$	(Describe in Section 2)	
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments \$	
(Complete Section 8)		Installment Account (Other)	\$
Stocks and Bonds	\$	Mo. Payments \$	
(Describe in Section 3)		Loan on Life Insurance	\$
Real Estate	\$	Mortgages on Real Estate	\$
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$	Unpaid Taxes	\$
Other Personal Property	\$	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$
Other Assets	\$	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$
Total	\$	Net Worth	\$
		Total	\$

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets.	(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes.	(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities.	(Describe in detail.)

Section 8. Life Insurance Held.	(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

PLEASE NOTE:	The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.
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